

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>NVS5084ASC</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>09/30/2009</b>
NAME OF PROVIDER OR SUPPLIER  <b>DIGESTIVE DISEASE CENTER - GREEN VALLEY</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1647 E WINDMILL LN LAS VEGAS, NV 89123</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 00	<p>INITIAL COMMENTS</p> <p>Surveyor: 13812</p> <p>This Statement of Deficiencies was generated as a result of a State Licensure Health and Life Safety Code initial survey conducted in your facility on 9/29/09, in accordance with Nevada Administrative Code, Chapter 449, Ambulatory Surgery Centers and the 2006 edition of the American Institute of Architects (AIA), Guideline for the Design and Construction of Health Care Facilities and the 2006 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code.</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws.</p>	A 00		
A232	<p>vacant</p> <p>This STANDARD is not met as evidenced by: Surveyor: 20773</p> <p>NAC 449.9841.1 The state board of health adopts by reference: (a) NFPA 101: Life Safety Code, in the form most recently published by the National Fire Protection Association, unless the board gives notice that the most recently revision is not suitable for this state pursuant to subsection 2.</p> <p>The facility was surveyed under the 2006 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code.</p>	A232		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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A232	<p>Continued From page 1</p> <p>This REG is not met as evidenced by:</p> <p>1.) (K051) Section 20.3.4.2 Fire Alarm.</p> <p>Based on observation, the facility failed to ensure that the fire alarm system could be initiated manually.</p> <p>Findings include:</p> <p>The facility was NOT equipped with manual pull box (es), notification devices, and a fire alarm panel.</p> <p>Note: The facility was equipped with a fire sprinkler system that had a flow alarm and one notification (horn) device, and a signal box for transmitted the flow alarm to a monitoring company.</p> <p>Note: Facility architect was advised to identify locations of Fire Alarm Pull Boxes in comment letter dated 10/31/07 from P+D Consultants Item#23, Sheet A02.01.</p> <p>2.) (K048) Section 20.7.1 Written Fire Safety Plan.</p> <p>Based on document review, the facility failed to ensure that it had a comprehensive written fire safety plan.</p> <p>Findings include:</p> <p>The facility did not have a written policy on how a fire drill (and fire event) would be conducted in notifying staff by initiating the fire alarm through manual pull devices.</p>	A232			

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